

Student Disability Services

San Diego State University

Documentation Guidelines for Learning Disabilities

In order to determine eligibility for accommodations and services from Student Disability Services at San Diego State University, verification and supporting documentation of the student's disability must clearly demonstrate that he or she meets the definition of disability as stated in the ADA Amendments Act of 2008 (ADAAA). The impairment must substantially limit one or more major life activities and affect the student's ability to function in an academic environment

A qualified professional must conduct the evaluation. Professionals generally considered qualified to evaluate specific learning disabilities are clinical or educational psychologists, school psychologists, neuropsychologists, learning disabilities specialists, and speech and language pathologists. Diagnostic reports must include names and titles of the evaluators as well as the date(s) of testing.

The following guidelines are provided in the interest of assuring that **Supporting Disability Documentation** is appropriate to verify eligibility and to support request for accommodations, academic adjustments and/or auxiliary aids:

- Documentation must contain a clear diagnosis of disability.
- Assessment of a learning disability must be comprehensive and include developmental history, family history, psychosocial history, academic history, language history, medical history, and clinical observations.
- Documentation must state the major life activities that are affected by the condition as well as the functional limitations of the disability within an academic environment.
- Testing must be current and comprehensive and include test scores/data (standard scores).
- If available, include a psychoeducational report.

Recommended instruments to be used for testing are:

It is not acceptable to administer a single test instrument, nor is it acceptable to base a diagnosis on only one of the several sub-tests. Objective evidence of a substantial limitation to learning must be provided. The tests used must be reliable, valid, and standardized for use with an adult population. The test findings should document both the nature and severity of the learning disability. Minimally, domains to be addressed must include (but are not limited to):

1. Aptitude.
 - In evaluating aptitude, specific areas of information processing, memory, auditory and visual perception/processing, processing speed and reasoning must be assessed.
 - The Woodcock-Johnson Psycho-Educational Battery-III (WJ-III): Tests of Cognitive Ability with subtest scores is the preferred

instrument OR the Wechsler Adult Intelligence Scale-III or IV (WAIS-III or WAIS-IV).

- The Wechsler Intelligence Scale for Children (WISC) is not an acceptable assessment instrument for an adult population.

2. Achievement

- Current levels of functioning in reading, mathematics and written language are required.
- The Woodcock-Johnson Psycho-Educational Battery-III (WJ-III): Tests of Achievement, or the Wechsler Individual Achievement Test- III (WIAT-III) are the preferred instruments.

Note: The Wide Range Achievement Test (WRAT) is not a comprehensive measure of achievement and is therefore not suitable as a sole measure of achievement.

Requests for accommodations are considered on a case-by-case basis and the determination of actual services and accommodations will be made by Student Disability Services.

Disability Verification (Learning Disability)

The student named below may be eligible for services and accommodations offered through Student Disability Services at San Diego State University. In order to determine eligibility, verification and documentation of the student's disability must clearly demonstrate that he or she has one or more functional limitations in the academic environment. Please note that the determination of actual services and accommodations will be made by Student Disability Services.

TO BE COMPLETED BY STUDENT (Please type or print legibly in ink):

Last Name: _____ First Name: _____

Red ID#: _____ Date of Birth: _____

I authorize the release of the information requested below to Student Disability Services at San Diego State University.

Student's Signature: _____ Date: _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL:

1. Diagnosis:

2. The disability is:
 permanent temporary and expected to last through _____
3. Level of severity:
 Mild Moderate Severe
4. Date(s) of diagnosis:

5. Date of last office visit:

6. Assessment/evaluation procedures. Attach scores of all tests administered. (If available, please include a psychoeducational report.):

7. Relevant background information (student's history related to disability):

8. Functional Impact Assessment. Please specify the degree of limitation that the student currently exhibits within each of the following major areas:

0 = None
1 = Mild/Moderate
2 = Substantial

Major Life Activity	Degree of Impact			Major Life Activity	Degree of Impact		
	0	1	2		0	1	2
1. Caring for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Quantitative Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Walking/Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Math Calculating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lifting/Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Processing Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Interacting w/Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How does the student's disability affect his/her ability to function in an academic environment? (e.g., mobility, classroom activities, processing speed, memory, perception, etc.)

10. Current prescribed medications related to disability:
Medication Dose/Frequency Effects/Side Effects

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I certify that the above referenced client/patient has a "physical or mental impairment that substantially limits one or more of the major life activities of such individual" as defined by the ADA Amendments Act of 2008 (ADAAA). In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (please print): _____

Signature of Professional: _____

License#: _____ Date: _____

Address: _____

Phone#: _____ Fax#: _____

Return this form to our office as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.

**Student Disability Services
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